



PTO/SB/22 (09-06)  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>ROG030.10005</b>	
Application Number <b>10/764,237</b>		Filed <b>January 23, 2004</b>	
For <b>ADJUSTABLE HAIR HOLDING DEVICE</b>			
Art Unit <b>3732</b>		Examiner <b>S. L. Willatt</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>510</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>503443</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>33,328</u>			
_____ Signature		<u>10-30-2006</u> Date	
<u>John F. Letchford</u> Typed or printed name		<u>856.354.3013</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Serial Ref: 01/19/2007 CKHLOK 0007273200  
Date: 01/19/2007 CKHLOK  
Fee: 9204 Name/Number: 10764237  
\$510.00 CR

11/01/2006 SSESHE1 00000041 10764237

510.00 OP

02 FC:2253  
date: 01/19/2007 CKHLOK  
11/01/2006 SSESHE1 00000041 10764237  
510.00 OP

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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/18/07</u>		2 Serial/Patent # <u>10704237</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
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<input type="checkbox"/> Assignment			\$								
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		7 TOTAL AMOUNT OF REFUND		\$ 510.00							
		8 TO BE REFUNDED BY:									
		<input checked="" type="checkbox"/> Treasury Check									
		<input type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">4</td> <td style="width: 20px;">4</td> <td style="width: 20px;">3</td> </tr> </table>			5	0	--	3	4	4	3
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10 REASON:											
<input type="checkbox"/> Overpayment											
<input checked="" type="checkbox"/> Duplicate Payment											
<input checked="" type="checkbox"/> No Fee Due (Explanation):											
11 REFUND REQUESTED BY: <u>Liana Walsh</u>											
TYPED/PRINTED NAME: <u>Liana Walsh</u>		TITLE: <u>Pets Examiner</u>									
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